



# ROLE OF ASHA WORKERS AMONG RURAL POPULATION DURING COVID 19 PANDEMIC: A CASE STUDY OF PALAKKAD DISTRICT

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## ABSTRACT

One of the core strategies suggested under the National Rural Health Mission (NRHM) to strengthen decentralized village level health planning and management was the Creation of Accredited Social Health Activists (ASHA). During COVID-19, the ASHA is becoming increasingly important among the rural population with their COVID-19 activities such as door-to-door surveys, checking for symptoms, generating awareness and other various healthcare programmes. COVID 19 brought huge social and economic issues in our society. In this scenario relevance of ASHA workers has been arisen. The present study examines the overall Performance of ASHA workers during the COVID-19 pandemic and to analyse the opinion of rural population about the service by Asha worker. The Purpose of present study is to analyse performance of Asha workers during Covid 19 Pandemic. The study has mainly used secondary data from various sources. The study has adopted quantitative approach to analyse the data. Findings from this study will be helpful in enhancing the working performance of ASHAs and it can be used for further improvisation is also seen that the rural population are more aware of COVID-19 due to the involvement of the ASHA.

**KEYWORDS:** Asha Worker, Covid 19 Pandemic, Working Performance, Rural Population

## 1. INTRODUCTION

COVID 19 pandemic has adversely affected all sectors of the economy and has resulted in various economic and social impacts around the world. Its consequences have left industries and businesses around the world, including India in a tremendous loss. In this situation, the government and the public are fighting against this pestilence. Accredited Social Health Activists (ASHAs) are community healthcare workers, instituted by the Ministry of Health and Family Welfare under the National Rural Health Mission (NRHM). There are over 9 lakh such workers in India. These workers maintain the link between citizens and the health care system of the state ie Local Self Governments, police, healthcare professionals, etc. are braving the front lines during the coronavirus pandemic. As the number of cases of COVID-19 continues to mount in India, ASHA workers are also on the frontlines of the battle carrying on despite serious unsolved issues at the local level. Their duty is to promote community development through healthcare awareness and immunization programmes. They also collect data regarding healthcare, conduct awareness programmes, distribute food and relief, and check on the well-being of the people at the local level. ASHA workers play an important role in the creation of awareness among the rural people about the COVID-19 pandemic. Nowadays, ASHA workers are becoming popular among the rural population by visiting homes and collecting vital statistics and giving necessary advice to prevent COVID-19. They are working with dedication and courage, putting their lives at risk, on the front lines of the battle against the COVID Pandemic. In this situation, it is necessary to examine the overall performance of the ASHA workers and derive strategies for improving their performance.

## 2. SIGNIFICANCE OF THE STUDY

ASHA workers play an important role in the creation of awareness among the rural people about the COVID-19 pandemic. Nowadays, ASHA workers are becoming popular among the rural population by visiting homes and collecting vital statistics and giving necessary advice to prevent COVID-19. They are working with dedication and courage, putting their lives at risk, on the front lines of the battle against the COVID Pandemic. In this situation, it is necessary to examine the overall performance of the ASHA workers and derive strategies for improving their performance.

## 3. REVIEW OF LITERATURE

- **Asthana, S., & Mayra [2022]** They have founded that they themselves and their families at a significant risk of exposure to COVID-19, stigma, violence, and social boycott from their community; with bare minimum to often no personal protective equipment (PPE) or assured support for priority treatment. Their other non-pandemic duties include (but not limited to) facilitating access for pregnant women for antenatal care, institutional births, postnatal care, immunization services, family planning services, surveillance and prevention of non-communicable diseases, nutrition, and care for chronic conditions.
- **Kaur, M., Oberoi, S., Singh, J., Kaler, N., & Balgir, R. S. (2022)** They revealed that ASHA workers have good knowledge regarding various aspects of antenatal period, but when it comes to postnatal

period and care of the newborn, there are some lacunae. These aspects of newborn care need to be reinforced into the refresher trainings of the ASHA workers ASHAs role in this coronavirus fight with low pay' revealed that ASHA workers – considered as 'low-cost resources' – have come to the rescue of state governments during the ongoing coronavirus crisis.

- **Upadhyaya, M. [2022]** revealed that Accredited Social Health Activists (ASHAs) are community health workers under the National Rural Health Mission of Government of India (NRHM). They have played a pivotal role during the COVID-19 pandemic in providing information and healthcare services to and from the remotest part of a village in India, working round the clock tracing patients and providing other COVID-19 related services along with fulfilling their basic duties of anti-natal care, immunization, sanitization, etc. The chapter seeks to understand the causative factors of invisibility and marginalization of ASHA workers.
- **Dwivedi, R., Goswami, D., Singh, P., & Singh, K. (2022)** they founded that, knowledge gaps were identified which may result in substandard patient care. The structured refresher training towards DOT and also training to work in tribal areas will further improve the KAP of ASHAs. It might be needed to provide a module or curriculum regarding awareness among ASHAs for strengthening follow-up system for tuberculosis patients among the tribal population.
- **Singh Vinitha [2020]** concludes that ASHAs role in this coronavirus fight with low pay' revealed that ASHA workers – considered as 'low-cost resources' – have come to the rescue of state governments during the ongoing coronavirus crisis. They carry out community-level activities, including tracking positive cases, identifying symptomatic cases, monitoring people with travel history, and much more.
- **Aswathi Agarwal [2020]** 'The life of ASHA workers in the time of COVID-19' revealed that ASHAs are instructed to conduct door-to-door surveys, keep an eye out for migrants and educate people about necessary precautions. A complete focus on the pandemic means that other duties have taken a backseat as health services deemed non-emergency have been put on hold. They were unable to provide immunization to pregnant women or birth control methods. For ASHA workers, the pandemic has meant more hours of work and personal risk.
- **Puja Aswathi [2020]** revealed that ASHAs are instructed to conduct door-to-door surveys, keep an eye out for migrants and educate people about necessary precautions. A complete focus on the pandemic means that other duties have taken a backseat as health services deemed non-emergency have been put on hold. They were unable to provide immunization to pregnant women or birth control methods.
- **Tissy Eruthichal [2016]** finds that, due to the introduction of ASHA

there has been an evident development in the health of rural people. ASHAs have been successful in activities like ensuring immunization schedule of new born babies, sanitation, and various health care programmes. The rural people are more aware of health aspects such as nutrition, basic sanitation and hygienic practices with the introduction of ASHA Planning Commission, Government of India conducted a study on the NRHM in seven selected states and about the role of ASHA and found out that they are extremely important in promoting utilization of public healthcare facilities.

#### 4. STATEMENT OF THE PROBLEM

The National Rural Health Mission (NRHM) was launched on 12th April 2005 to provide effective healthcare to the rural population with an emphasis on poor women and children. Later the National Health Mission (NHM) was launched by the Government of India in 2013 by subsuming the National Rural Health Mission and National Urban Health Mission. One of the key components of the NRHM is to provide every village in the country with trained female community health activist i.e., Accredited Social Health Activist. ASHA is a health activist in the community, who is envisaged to create awareness on health and its determinants and mobilize the community towards local health planning and increase utilization and accountability of the existing health services. In the current scenario, while doctors, nurses and other paramedical staff are engaged in taking care of COVID-19 patients inside hospitals, ASHA workers are carrying out the outdoor task of visiting households, checking out the health of the people who are under isolation and quarantine and collecting data about symptomatic persons and those who were in primary and secondary contacts with the infected, while risking their health. Hence this study attempts to examine the overall performance of ASHA Workers during COVID 19 pandemic.

#### 5. OBJECTIVES

Following are the specific objectives of the study:

1. To know the health development of rural population through the implementation of ASHA
2. To identify the role of ASHA worker during Covid 19 pandemic

#### 6. DATA SOURCE AND METHODS

The study on the 'Role of ASHA Workers during Covid 19 pandemic' is a macro level study and therefore this study is based on secondary data and the work is completed depends on descriptive data. Secondary data for the purpose of the study was collected from Economic Reviews, world development reports government statistics, published reports, journals newspaper and e-resource and published and unpublished sources. For the presentation of the collected and classified data statistical tools such as tables.

#### ASHA Worker

One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health activist ASHA or Accredited Social Health Activist. Selected from the village itself and accountable to it, the ASHA will be trained to work as an interface between the community and the public health system. Following are the key components of ASHA must primarily be a woman resident of the village married/ widowed/ divorced, preferably in the age group of 25 to 45 years. She should be a literate woman with due preference in selection to those who are qualified up to 10 standards wherever they are interested and available in good numbers. This may be relaxed only if no suitable person with this qualification is available. ASHA will be chosen through a rigorous process of selection involving various community groups, self-help groups, Anganwadi Institutions, the Block Nodal officer, District Nodal officer, the village Health Committee and the Gram Capacity building of ASHA is being seen as a continuous process. ASHA will have to undergo series of training episodes to acquire the necessary knowledge, skills and confidence for performing her spelled out roles. The ASHAs will receive performance-based incentives for promoting universal immunization, referral and escort services for Reproductive & Child Health (RCH) and other healthcare programmes, and construction of household toilets. Empowered with knowledge and a drug-kit to deliver first-contact healthcare, every ASHA is expected to be a fountainhead of community participation in public health programmes in her village. ASHA will be the first port of call for any health-related demands of deprived sections of the population, especially women and children, who find it difficult to access health services. ASHA will be a health activist in the community who will create awareness on health and its social determinants and mobilise the community towards local health planning and increased utilisation and accountability of the existing health services. She would be a promoter of good health practices and will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals. ASHA will provide information to the community on determinants of health such as nutrition, basic sanitation & hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilisation of health & family welfare services. She will counsel women on birth preparedness, importance of safe delivery, breast-feeding and complementary feeding, immunization, contraception, and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infections (RTIs/STIs) and care of the young child. ASHA will mobilise the community and facilitate them in accessing health

and health related services available at the Anganwadi/sub-centre/primary health centers, such as immunisation, Ante Natal Check-up (ANC), Post Natal Check-up supplementary nutrition, sanitation and other services being provided by the government. She will act as a depot older for essential provisions being made available to all habitations like Oral Rehydration Therapy (ORS), Iron Folic Acid Tablet (IFA), chloroquine, Disposable Delivery Kits (DDK), Oral Pills & Condoms, etc. At the village level it is recognised that ASHA cannot function without adequate institutional support. Women's committees (like self-help groups or women's health committees), village Health & Sanitation Committee of the Gram Panchayat, peripheral health workers especially ANMs and Anganwadi workers, and the trainers of ASHA and in-service periodic training would be a major source of support to ASHA.

#### Status of ASHA programme in Kerala

According to the 19th issue of the semi-annual ASHA Update January 2019, released by the NHSRC for NHM, covering the period between July 2018 to December 2018, a total of 27984 ASHAs are in position against a target of 32854 ASHAs in Kerala. The percentage of ASHAs in position against the target in the rural area is 84 percent which is less than the national average of 95 percent. Meanwhile the percentage of ASHAs in position against the target in the urban area is 100, which is greater than the national average of 88 percent. The population density per ASHAs under the NRHM is currently 670 in Kerala while the national average is 881xvi. Status of ASHA selection under NRHM and NUHM is represented in Table 1.

	NRHM					NUHM		
	Rural ASHAs (Target)	Rural ASHAs (in position)	percentage of ASHAs in position against the target	Rural population 2011 census	Current density January 2019	Urban ASHAs (Target)	Urban ASHAs (in position)	Percentage of ASHAs in position against the target
Kerala	30927	26057	84%	17471135	670	1927	1927	100%
India	948266	905047	95%	79483894	881	74395	65629	88%

Source: 19th issue of the semi-annual ASHA update January 2019, released by the NHSRC

**Table 1: Status of ASHA selection under NRHM and NUHM**

Village Health Sanitation and Nutrition Committees							
	Level of formation	Number of members per VHSNC (State norm)	No. of VHSNCs - Target	No. of VHSNCs - constituted	Percentage of VHSNC constituted against the target	No. of VHSNCs with ASHA as member secretary	Member Secretary other than ASHA
Kerala	Ward - level	15-20	19523	19523	100	0	ANM
India			567320	536903	95	375574	

Source: 19th issue of the semi-annual ASHA Update January 2019, released by the NHSRC

**Table 2: Status of Village Health Sanitation and Nutrition Committees**

The July 2017 edition of ASHA Update provided an overview of the Community based institutional structures i.e., Village Health Sanitation and Nutrition committees and Mahila Arogya Samitis for all states. As per the Operational Guidelines for VHSNC, ASHA is expected to serve as the member secretary of the committee and be a joint account holder with the chairperson who is a representative of the Panchayat. According to the 19th issue of the semi-annual ASHA Update January 2019 536903 (95%) VHSNCs have been constituted against the total target of 567320 for the country. But in Kerala, ANM acts as the member secretary of VHSNC. The percentage of VHSNC constituted against the target is 100 in Kerala. Status of VHSNC in Kerala is represented in Table 2.

Mahila Arogya Samiti						
	No. of cities where MAS is proposed	Target no. of MAS proposed	No. of MAS formed	Percentage of MAS formed	Number of members per MAS (State norm)	No. of MAS with bank account
Kerala	44	1048	1596	152	8-12	144
India	983	89446	77003	86		64404

Source: 19th issue of the semi-annual ASHA Update January 2019, released by the NHSRC

**Table 3: Status of Mahila Arogya Samitis**

Mahila Arogya Samiti (MAS) is expected to take collective action on issues related to health, nutrition, water, sanitation, and other social determinants of health at the ward level. ASHAs are associated with the functioning of MAS. According to the 19th issue of the semi-annual ASHA Update January 2019, while 77003 (86%) MAS have been constituted against the total target of 89446 for the country, represented in table 3.

### Roles and Responsibilities of ASHAs

ASHA is envisaged to be a health activist in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. She would be a promoter of good health practices. She will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals. Her roles and responsibilities would be as follows.

1. Create awareness and provide information to the community.
  2. Counsel mothers on birth preparedness, safe delivery, feeding practices, Immunization, family planning, RTI, etc.
  3. Facilitate community access to healthcare and health facilities.
  4. Work with the Village Health and Sanitation Committee of the Gram Panchayat develop a comprehensive village health plan.
  5. Accompany pregnant women and children to health facilities.
  6. Provide care for minor ailments.
  7. Act as a depot holder for ORS, IFA, Oral pills, Condoms.
  8. New born care for the treatment of childhood illness.
  9. Inform birth and death, disease outbreaks.
  10. Construction of toilets for TSC (Total Sanitation Campaign) Pandemic
- Besides, a few more duties are given to the ASHA workers to prevent COVID-19.

The National Health Mission has released a guideline on what ASHA should do to prevent the COVID-19. They are:

1. Community awareness through inter-personal communication.
  - a) Uptake of preventive and control measures including social distancing.
  - b) Addressing myths and misconceptions.
2. Support ANM/Supervisor in the house-to-house surveillance including
  - a) Identification of HRG and probable cases.
  - b) Ensure the uptake of medical services in urban and rural areas.
  - c) Psychosocial care, stigma and discrimination.
3. Reporting and feedback.
4. Personal safety and precautions.
5. Use of COVID 19 IEC materials

### 7. FINDINGS AND DISCUSSION

On an average, ASHAs covered 15 houses per day. They take door-to-door surveys, checking for symptoms, and generating awareness about the COVID-19 pandemic.

1. Despite the COVID-19 preventive measures, ASHAs were able to carry out their normal activities and pre-monsoon sanitization.
2. Panchayats do not have any direct role in the supervision or evaluation of ASHA's performance. JPHNs are supervising and evaluating ASHA's activities.
3. ASHAs received training in the initial phase of lockdown and refresher training
4. The rural people are more aware of the COVID-19 due to the involvement of ASHA.
5. Most of the rural population are aware of ASHAs and opined that ASHA provided relevant information regarding COVID-19. Also, they were satisfied with the services rendered by ASHAs.
6. The effectiveness of the functioning of Village Health Sanitation and Nutrition Committees (VHSNC) and the Mahila Arogya Samities (MAS) should be improved through devising innovative projects with improved community participation.
7. Awareness generation and education with the help of local leaders are of prime importance for proper utilization of the services of ASHA and for bridging the gap between ASHAs and the community.

### 8. CONCLUSION

ASHAs are the frontline workers who act as an important interface between the community and the public healthcare system in rural areas. ASHA has been successful in the activities like door-to-door surveys, checking for symptoms, generating awareness about COVID-19, and other healthcare programmes. The rural peoples are more aware of the COVID-19 due to the involvement of ASHA. The activities of ASHA are supporting the rural people. An upliftment among the rural society through such grass root level activities was a key objective of a scheme like ASHA. This objective has been achieved in Kerala by ASHAs in the fight against COVID-19. In the future as well, the programme will be successful if the required support is extended from all levels.

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